NPI NorthSTAR ADULT FTP FILE LAYOUT for RDM 2/1/07

Field	Len	Begin	End	Comment/Decode
CMP	**3**			**Header Information to be stripped out**
SEMI_COL1	**1**			**Header Information to be stripped out**
RPT_NM_WITH_YYJJJ	**12**			**Header Information to be stripped out**
SEMI_COL2	**1**		**17**	**Header Information to be stripped out**
REC_TYPE	12	1	12	Value = "MH_Assess_BD". MH_ASSESS_BO = original appealled record
ID	10	13	22	"Client ID" on form. Identifies a client's CARE ID.
COMP	3	23	25	"Component" on form. Identifies the comp where the form was completed.
NS_ID	10	26	35	Identifies the client's NorthSTAR ID. Will be filled with leading zeros if NS ID is fewer than 10 characters.
SEQ_NO	4	36	39	"Sequence Number" = sequential number assigned for each (incomplete, provider complete, complete) Intake, Update and Discharge RDM assessment record (beginning from the first effective date for RDM-MHBD record) performed on a consumer. Adult records will begin with '5' and will range from 5001 through 9999.
FILLER_A	6	40	45	
MH_ASSESS_TYPE	1	46	46	"Assessment Purpose: Intake, Update and Discharge" on form. Decodes are: I=Intake; U=Update, D=Discharge. N = Intake non-admission
REAS_ACT	1	47	47	"Assessment Purpose: Reason for discharge" on form. Acceptable Values: C="Level of Care services complete," J="Incarcerated in Jail or Prison," M="Moved out of local service area," N="Never Returned for Services within authorized Service Period," T="Transferred to other community provider in local service area," Z="Other", X="auto-closed"
EFF_DT	8	48	55	"Discharge Date" on form if REAS_ACT = "D" OR the Section 1 assessment date.
STATUS	1	56	56	Status of record. Acceptable values: I = Incomplete; R = Provider Complete; C = Complete.
DELETE	1	57	57	Filled with a 'D' to indicates the record has been deleted otherwise will be blank.
LOC_PROV_ID	9	58	66	BHO Provider ID. Populated with only 6 characters left justified for NS clients.
TRAG_HARM	1	67	67	The "Risk of Harm" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_SUPPORT	1	68	68	The "Support Needs" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.

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Field	Len	Begin	End	Comment/Decode
TRAG_PSYCH_HOSP	1	69	69	The "Psychiatric-Related Hospitalizations" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_FUNC_IMP	1	70	70	The "Functional Impairment" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_EMP_PROB	1	71	71	The "Employment Problems" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_HOUSE_INSTAB	1	72	72	The "Housing Instability" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_SA	1	73	73	The "Co-Occurring Substance Use" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_CRIM_JUSTICE	1	74	74	The "Criminal Justice Involvement" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-5.
TRAG_MED_TREAT	1	75	75	The "Response to Medication Treatment (MDD only)" Adult-TRAG Dimension Rating in Section 1. Acceptable values are 1-3.
TRAG_LEV_CARE_RECOM	1	76	76	"Calculated Level of Care Recommended (LOC-R)" on form. Acceptable values: 0-4, 9.
TRAG_ASSESS_DT	8	77	84	"Assessment Date" in Section 1 on form. Format = YYYYMMDD.
TRAG_LEV_CARE_AUTH	1	85	85	"A. Authorized Level of Care (LOC-A)" on form. Acceptable values: 0 - 5, 7-9.
TRAG_REAS_A	3	86	88	A "Resource Limitations" reason in the 'Reasons for Deviation from LOC-R' in Section 2. Acceptable values: "RL" = Resource Limitations or "N" = No.
TRAG_REAS_B	3	89	91	A "Consumer Choice" reason in the 'Reasons for Deviation from LOC-R' in Section 2. Acceptable values: "CC" = Consumer Choice or "N" = No.
TRAG_REAS_C	3	92	94	A "Consumer Need" reason in the 'Reasons for Deviation from LOC-R' in Section 2. Acceptable values: "CN" = Consumer Need or "N" = No.

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Field	Len	Begin	End	Comment/Decode
TRAG_REAS_D	3	95	97	A "Continuity of Care per UM Guidelines" reason in the 'Reasons for Deviation from LOC-R' in Section 2. Acceptable values: "CCG" = Continuity of Care per UM Guidelines or "N" = No.
TRAG_REAS_E	3	98	100	An "Other" reason in the 'Reasons for Deviation from LOC-R' in Section 2. Acceptable values: "OTH" = Other or "N" = No.
LOCA_EFF_DT	8	101	108	"Authorization Date" on form. Format = YYYYMMDD.
LOCA_END_DT	8	109	116	A calculated authorization end date. Format = YYYYMMDD. Field will be blank if the LOC-A = 6 or 9 - so that they don't have a date range that is authorized for these levels of care
AUTH_ID	8	117	124	User ID for person who last accessed section 2.
TCOOMMI	1	125	125	TCOOMMI indicator will indicate if a consumer is receiving assistance through a TCOOMMI contract. "Y"= Yes, "N"= No
SUBJ_FAIR_HEAR	1	126	126	Subject to Medicaid Fair Hearing indicator. "Y" = Yes, Blank = No
FILLER_C	8	127	134	
SCHIZ_PSRS	2	135	136	The "Total Positive Symptom Rating Scale (PSRS)" rating in the 'Schizophrenia Algorithm (PSRS & BNSA)' part of Section 3. Acceptable values: 4-28.
SCHIZ_BNSA	2	137	138	The "Total Brief Negative Symptom Assessment (BNSA)" rating in the 'Schizophrenia Algorithm (PSRS & BNSA)' part of Section 3. Acceptable values: 4-24.
BDSS	2	139	140	The "Total Brief Bipolar Disorder Symptom Scale (BDSS)" rating in the 'Bipolar Algorithm (BDSS) of Section 3. Acceptable values: 10-70.

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Field	Len	Begin	End	Comment/Decode
QIDS	2	141	142	The "Total Quick Inventory of Depressive Symptomatology" rating in the 'Major Depression algorithm (QIDS-SR or QIDS-C) of Section 3. Acceptable values: 0-27.
QIDS_VERS	1	143	143	The "QIDS Version" rating in the 'Major Depression algorithm (QIDS-SR or QIDS-C) of Section 3. Acceptable values: 1 = QIDS-SR (Self-report) and 2 = QIDS-C (Clinician).
COM_ASSESS_DT	8	144	151	"Assessment Date" in Section 3 on form. Format = YYYYMMDD.
EXT_REV	1	152	152	Extended review indicator. Acceptable values are Y or N.
FILLER_D	10	153	162	
MULTNO_FUNC_Filler	2	163	164	The "Functioning Subscale" score in the 'Multnomah Community Ability Scale (MCAS) part of section 4. Acceptable values are 5-25. For Adult UA forms that are filled out as of 4/16/04, this field will be filled with blanks. The Multnomah (MCAS) scales will be deleted from the UA form.
MULTNO_ADJ_Filler	2	165	166	The "Adjustment to Living Subscale" score in the 'Multnomah Community Ability Scale (MCAS) part of section 4. Acceptable values are 3-15.For Adult UA forms that are filled out as of 4/16/04, this field will be filled with blanks. The Multnomah (MCAS) scales will be deleted from the UA form.
MULTNO_SOC_filler	2	167	168	The "Social Competence Subscale" score in the 'Multnomah Community Ability Scale (MCAS) part of section 4. Acceptable values are 5-25. For Adult UA forms that are filled out as of 4/16/04, this field will be filled with blanks. The Multnomah (MCAS) scales will be deleted from the UA form.
MULTNO_COMPLY_filler	2	169	170	The "Community/Compliance Subscale" score in the 'Multnomah Community Ability Scale (MCAS) part of section 4. Acceptable values are 4-20. For Adult UA forms that are filled out as of 4/16/04, this field will be filled with blanks. The Multnomah (MCAS) scales will be deleted from the UA form.

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Field	Len	Begin	End	Comment/Decode
MULTNO_TOT_filler	3	171	173	The "Total of MCAS Subscales" score in the 'Multnomah Community Ability Scale (MCAS) part of section 4. Calculated. Acceptable values are 17-85. For Adult UA forms that are filled out as of 4/16/04, this field will be filled with blanks. The Multnomah (MCAS) scales will be deleted from the UA form.
UA_RES_TYPE	1	174	174	The "Residence Type (Current)" score in section 4. Acceptable values are 1-5.
UA_PD_EMP	1	175	175	The "Paid Employment Type (Current)" score in section 4. Acceptable values are 1-4.
REAS_NOT_LABORFORCE	1	176	176	The "Main Reason for Being Out of the Labor Force aid Employment Type (Current)" score in section 4. Acceptable values are 1-7.
MULTNO_DT	8	177	184	"Assessment Date" in Section 4 on form. Format = YYYYMMDD.
FILLER_E	10	185	194	
ADD_DT	8	195	202	Date record added to CARE. Format = YYYYMMDD.
LASTUP_DT	8	203	210	Date record last updated in CARE. Format = YYYYMMDD.
LASTUP_ID	8	211	218	ID of person last or program updating record.
LASTUP_TM	4	219	222	Time of last update.
FILLER_F	10	223	232	
MEDICAID_CAT	2	233	234	Latest Medicaid category from CARE. NS gets more updated information on the daily enrollment file
MEDICAID_CD	1	235	235	Latest Medicaid Coverage code from CARE. NS gets more updated information on the daily enrollment file
MEDICAID_TYPE_PROG	2	236	237	Latest Medicaid type program from CARE. NS gets more updated information on the daily enrollment file
MEDICAID_EFF_DT	8	238	245	Latest Medicaid effective date from CARE. Format = YYYYMMDD. NS gets more updated information on the daily enrollment file
MEDICAID_END_DT	8	246	253	Latest medicaid end date from CARE. Format = YYYYMMDD. NS gets more updated information
MEDICAID_SD_CD	1	254	254	Latest Medicaid spenddown code from CARE. NS gets more updated information on the daily enrollment file
LAST_HOSP_ENDDT	8	255	262	Last hospital discharge date from CARE. Format = YYYYMMDD.
ARRAY OPEN_ASGN OCCURS	0	262	262	
ASSIGN_CD	4	263	302	Assignment code. Ten occurrences.
FILLER_G	20	303	322	

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Field	Len	Begin	End	Comment/Decode
COMMENT	250	323	572	Long comment field with most recent comment listed first. If Reason_act = X then comment field will have an entry of "LOCA expired"
ASSESSOR_SECT1	25	573	597	The person name of the authorizing or performing the assessment in Section One:Adult-TRAG & Recommended Level of Care. Must be completed by LMHA QMHP at Intake or Provider QMHP at update.
CRED_SECT1	12	598	609	Credentials of the person authorizing or performing the assessment in Section One. Valid values: **MD** = Doctor of Medicine; **RN** = Registered Nurse; **RN-APN** = Registered Nurse - Advance Practice Nurse; **LPHD-PSY** = Licensed Doctor of Psychology; **LCSW** = Licensed Clinical Social Worker; **LMSW-ACP** = Licensed Masters in Social Work-Advanced Clinical Practice; **QMHP-CS** = Qualified Mental Health Professional-Community Service; **DO** = Doctor of Osteopathy; **LMFT** = Licensed Marriage and Family Therapist; **LPC** = Licenced Professional Counselor; **PA** = Physicians Assistant
ASSESSOR_SECT2	25	610	634	The name of the person authorizing or performing the assessment in Section Two:Authorized Level of Care (LOC-A). LMHA Utilization Management LPHA staff.
CRED_SECT2	12	635	646	Credentials of the person authorizing or performing assessment in Section Two. Valid values = MD, RN, RN-APN, PA, LPHD-PSY, LCSW, LMSW-ACP, QMHP-CS, DO, LMFT, LPC.
ASSESSOR_SECT3	25	647	671	The name of the person authorizing or performing the assessment in Section Three: Diagnosis-Specific Clinical Symptom Rating Scales. Completed by Provider QMHP staff.
CRED_SECT3	12	672	683	Credentials of the person authorizing or performing assessment in Section Three. Valid values = MD, RN, RN-APN, PA, LPHD-PSY, LCSW, LMSW-ACP, QMHP-CS, DO, LMFT, LPC, LVN (Licensed Vocational Nurse)
CRED_SECT1_GRP	2	684	685	Grouping of credentials from Section 1 credentials field. Valid values: 1 = Physician/APN (MD,DO,RN APN); 2 = Other Med. (PA, RN); 3 = Other LPHA (LPHD-Psy, LPC, LMFT, LMSW-ACP, LCSW; 5 = QMHP (QMHP-CS)

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Field	Len	Begin	End	Comment/Decode
CRED_SECT2_GRP	2	686	687	Grouping of credentials derived from credential information entered in Section 2 credentials field. Valid values: 1 = Physician/APN (MD,DO,RN-APN); 2 = Other Med. (PA, RN) ; 3 = Other LPHA (LPHD-Psy, LPC, LMFT, LMSW-ACP, LCSW; 5 = QMHP (QMHP-CS).
CRED_SECT3_GRP	2	688	689	Grouping of credentials derived from credential information entered in Section 3 credentials field. Valid values: 1 = Physician/APN (MD,DO,RN-APN); 2 = Other Med. (PA, RN); 3 = Other LPHA (LPHD-Psy, LPC, LMFT, LMSW-ACP, LCSW; 5 = QMHP (QMHP-CS); 6 = Paraprofessional (LVN).
AUTO_COMPLETED	1	690	690	Auto-completed indicates whether the assessment was systematically completed. Valid values: Y=Yes, N=No
DEST_REF	2	691	692	List of destinations that the consumer may be "referred to" or be transferred after treatment has been completed, and/or discharged from services: 1=Private Practitioner; 2=Federally Qualified Healh Home (FQHC); 3=Community Indigent Health Clinic; 4= Relinquishment of Custody (DFSP)-Child Adolescents Only; 5=Residential Treatment Placement; 6=Adult Criminal or Juvenile Justice System; 7=Different Center; 8=Nursing Home; 9=No Service; 10= Unknown; 11= Other Public Provider.
Appeal_Flg	2	693	694	P1 = 'PROVIDER LVL 1' appeal P2 = 'PROVIDER LVL 2' appeal P2 = 'PROVIDER LVL 3' appeal
Vender_Nbr	15	695	709	Alpha numberic code idetifying VO provider vendor number
Admin_deny	1	710	710	Y=Yes, N=No. Field to be used when original record was administratively denied by VO and sent back to the provider for correction.